

PLANNING DEPARTMENT
PRE-APPLICATION MEETING
APPLICATION FORM
TOWN OF HILTON HEAD ISLAND

Please TYPE or PRINT legibly

NAME OF DEVELOPMENT _____

STREET ADDRESS _____

ZONING DISTRICT _____ OVERLAY DISTRICT _____

TAX DISTRICT _____ MAP _____ PARCEL (S) _____

CONTACT PERSON _____

MAILING ADDRESS _____

PHONE _____ FAX# _____

APPLICATION REQUIREMENTS:

- ☐ COMPLETED APPLICATION FORM
- ☐ 10 COPIES OF PROJECT NARRATIVE
- ☐ 10 COPIES OF CONCEPTUAL SITE PLAN (FOLDED)

FOR OFFICIAL USE ONLY

DATE RECEIVED: _____

TIME: _____

ACCEPTED BY: _____

MASTER TRACKING NUMBER: _____